



Date: August 12, 2015

DHCAA Operations Memo 15-26

To: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff

<input type="checkbox"/> FS	<input checked="" type="checkbox"/> MA	<input type="checkbox"/> BC+
<input type="checkbox"/> SC	<input type="checkbox"/> CTS	<input type="checkbox"/> FSET

From: Shawn Tessmann, Bureau Director
Bureau of Enrollment Policy and Systems
Division of Health Care Access and Accountability

Home and Community-Based Waivers Group C Enhancement and Redesign

CROSS REFERENCE

Medicaid Eligibility Handbook [28.5](#)

EFFECTIVE DATE

July 1, 2015

PURPOSE

The Department of Health Services has developed a new subset of Home and Community-Based Waivers (HCBW) called Group B Plus or medically needy with spenddown. As a result of this policy change, all Group C or medically needy members currently open for any HCBW Medicaid have been converted to Group B Plus or medically needy with spenddown members. The purpose of this memo is to inform local agencies of the new policy and of programming changes in CARES Worker Web (CWW) that converted the medically needy (Group C) financial eligibility into a subset of the categorically needy (Group B) special waiver financial eligibility.

BACKGROUND

Wisconsin offered a Group C Medicaid option for HCBW applicants and members who met all of the nonfinancial and financial eligibility criteria for HCBW Medicaid but exceeded the community waiver special income limit. The spenddown calculation methods did not allow Group C applicants or members to set aside any income to meet their basic needs, forcing them to enter or remain in an institution for which Medicaid paid for room and board or forcing them to move into substitute care where the managed care organization supplemented the member's remaining income in paying room and board. This occurred regardless of whether the person preferred to be or could more cost-effectively be served in his or her home. No supplementation was available for this group of people who were not institutionalized and could remain in their homes.

To be eligible for Medicaid and HCBW services, Group C members had to incur monthly medical remedial expenses and/or Medicaid card services equal to an amount that would lower their countable income to the medically needy income limit of \$591.67. Once Group C members incurred enough medical remedial expenses to become eligible, many of them had to meet a monthly spenddown to maintain Medicaid eligibility. The only deductions allowed for Group C applicants and members were the following:

- \$65 and 1/2 disregard.
- Health insurance costs.
- Excess self-employment expenses.
- Special exempt income.
- Medically needy income limit (\$591.67).

Converting Group C spenddown financial eligibility into Group B Plus eligibility allows members an income eligibility credit equal to the cost of institutional care and also allows all HCBW applicants and members the same deduction for their basic needs. The new group is now referred to as Group B Plus.

POLICY

On June 8, 2015, all Group C or medically needy members were manually converted in CARES to Group B Plus or medically needy with spenddown members to be effective July 1, 2015. Group B Plus members do not have to incur monthly medical remedial expenses and/or Medicaid card services to lower their countable income to the medically needy income limit for HCBW eligibility as long as their income meets this limit after subtracting the cost of institutional care for their target group.

Single Group B Plus members are not required to incur and be financially responsible for the monthly spenddown amount since they now have a cost share. Married Group B Plus applicants and members do not need their cost shares determined manually with Worksheet 7, which was previously used for married Group C members. Married Group B Plus applicants and members will have their cost shares determined in CWW the same way as married Group B members.

Group B and Group B Plus eligibility determination differs in that Group B applicants and members must have gross income at or below the nursing home institutions categorically needy income limit of \$2,199.00, and Group B Plus applicants and members have income above the nursing home institutions categorically needy income limit but their income does not exceed the cost of the appropriate institutional care by more than the medically needy income limit of \$591.67 (see [Section 39.4 Elderly, Blind, and Disabled Assets and Income Tables](#) of the Medicaid Eligibility Handbook). For Group B Plus applicants and members, the cost of institutional care deducted for calculating eligibility is based on the applicants' or members' developmental disability target group results from the Functional Screen Information Access (FSIA), also known as the Functional Screen determination, unlike Group B applicants and members.

CARES

The following pages were updated in CWW effective June 8, 2015.

Community Waivers Page

CARES Worker Web User ID: XCTJ18 User Name: A PALANVEL Quick Select: CASERFA Help Logout
 Primary Person: JOHN TEST 52M PP Case: 000017001 Status: Open Mode: Ongoing 3.5 03/05/2015
 Action Items (0) Documents (0) Discrepancies (0) Work Items (0)

Navigation Menu
 Search
 CARES Home
 Search
 Inbox Search
 Unlinked Documents
 RFA / Case
 Client Registration (0)
 Case Summary
 Case Comments
 Expected Changes
 Application Entry (0)
 Case Information
 Individual Demographics
 Benefits/School
 Individual Non Financial
 Other Health Care Programs
 Summary
 Getcost
 Family Care
 Community Waivers
 Institutions
 Community Spouse
 BC+ Core Plan Potential Eligibility
 BC+ Core Plan for Childless Adults
 Asset Information
 Employment Quotes
 Employment
 Unearned Income

Community Waivers Cancel [X] Reset Total: 1

Community Waivers Information
 Effective Period
 Begin Month: 01 / 2013 End Month: MM / YYYY Last Updated: 01/12/2013
 Delete Reason: [v]

Details
 Individual: JOHN TEST 52M PP
 Do you want Community Waivers services? Yes [v]
 Date of Request: 01 / 12 / 2013
 Functionally Eligible? Y - Yes [v] **Developmental Disability: Y - Yes [v]**
 Program Type: PR - PARTNERSHIP [v]
 Verification: SC - SSI-MA OR MEDICARE RECIPIENT [v]
 Program Start Date: 01 / 01 / 2013
 Verification: D2 - ANNUAL RE-SCREEN FOR LTC [v]
 Slot Available: Yes [v]
 Is Disability Determination Required? [v]

Obsolete Information
 PACE or Partnership Level of Care? ICF - INTERMEDIATE C [v]
 PACE or Partnership Disenrollment Date: MM / DD / YYYY
Medicaid Card Coverable Expenses: \$ [] . []
Group C Medical Remedial Expenses: \$ [] . []

Enter New Begin Month: MM / YYYY

Managed Care
 Effective Period
 Begin Month: 09 / 2009 Last Updated: 10/19/2010 [Lookup]
 Delete Reason: [v]

Details
 Are you meeting your cost share / spend down obligation? Yes [v]

Obsolete Information
 Special Managed Care Program (SMCP) Organization Choice (Family Care (FC) Care Management Organization (CMO) or PACE or Partnership Organization): 14R02 - PR CARE WI FOR DODGE [v]

Community Waivers Information
 Request for Community Waivers: Yes
 Community Waivers Program Start Date: 01/01/2013
 Community Waivers Program Type: PR
 Slot Available for Community Waivers or Capacity for PACE or Partnership: Yes

Family Care Information
 Request for Family Care:
 Care Management Organization Capacity:
 Enrollment Date:

Medical Institution Information
 Medical Institution? No
 Date Institutionalized:

Community Spouse Information
 Community Spouse? No

Enter New Begin Month: MM / YYYY

Individual: JOHN TEST 52M PP Updated on or before: MM / DD / YYYY
 Add Case Comment Cancel [X] Previous Next

Figure 1 Community Waivers Page

Medicaid Card Coverable Costs and Group C Medical Remedial Expenses

Medicaid card coverable expenses are the medical expenses covered by the Medicaid card. Group C-related medical remedial expenses are costs for goods and services that have been prescribed or provided by a licensed medical practitioner or expenses for the diagnosis, cure, treatment, or prevention of disease affecting any part of the body. These fields have been moved to the obsolete section of the Community Waivers page but are updateable if the begin month on the page is prior to the new policy's begin date of July 1, 2015.

Effective July 1, 2015, Group B and Group B Plus members are allowed to receive out-of-pocket medical remedial expenses as a deduction when determining their cost share. A conversion of the existing Group C members began on June 8, 2015, so care managers and Include, Respect, I Self-Direct consultants were instructed to provide their income maintenance (IM) agencies with out-of-pocket medical remedial expenses for current Group C members by June 8, 2015. These expenses should be placed on the Medical Expense page with a July 2015 begin date and do not replace the current Group C medical remedial expenses on the Community Waivers page. Group C members received a system-generated About Your Benefits letter in mid-June that reflected their new cost share amount, which became effective July 1, 2015.

Developmental Disability

A new field was added to the Community Waivers Request page to record whether or not the individual is developmentally disabled. The Developmental Disability field reflects the individual's developmental disability target group results from the FSIA, which also displays the individual's level of care (LOC). CARES uses this response to derive the appropriate cost of institutional care in the Group B Plus eligibility determination.

- If the Developmental Disability response is "Y-Yes" or "?-Unknown," the average cost of institutional care deduction is \$20,721. If the Developmental Disability response is "N-No", the average cost of institutional care deduction is \$7,693.90. These amounts are reflected in the individual's eligibility on the Community Waivers Budget page as of July 1, 2015, and will be updated manually.
- For new applicants, Aging Disability Resource Centers or the local county waiver agency will send the FSIA Eligibility Results page to the IM worker. The Developmental Disability field should indicate "Y-Yes" if the HCBW Eligibility section of the FSIA Eligibility Results page indicates any of the following:
 - o Developmental Disability 1A.
 - o Developmental Disability 1B.
 - o Developmental Disability 2.
 - o Developmental Disability 3.

Long Term Care		05/01/2015 - 3:07PM
<i>Functional Screen Request of Wisconsin 98 Waiver</i>		
Screen Number:3 , Version Number: 1		
Eligibility Results		
Screen Entered By : [REDACTED]		
Eligibility Calculated By Agency : ADRC of Central Wisconsin		
Eligibility Determined On : 03/03/2015		
Screen Completion Date : 03/03/2015		
Family Care Eligibility : Yes		
Family Care LOC : Nursing Home LOC=Intermediate Care Facility / Developmental Disability 2		
PACE / Partnership Eligibility : Yes		
IRIS Waiver Eligibility : Yes		
NAT Eligibility : No		
HCBW Eligibility : Yes		
HCBW LOC : Nursing Home LOC=Intermediate Care Facility = Level 2 / Developmental Disability 2		
COP Level 3 Eligibility : No		
COR Waiver Eligibility : Eligibility not calculated unless COR is selected from the HCB Waiver Group		
WHEN COUNSELING AN APPLICANT, PLEASE NOTE: This report describes ONLY functional eligibility. Depending upon the program, an individual will also need to meet financial eligibility requirements and perhaps other enrollment criteria. An applicant will also need to know which programs are currently available.		
CARES - Level of Care Transfer Status:		
The level of care details were scheduled to be sent on: 03/13/2015		
CARES processed the request on:03/13/2015		
Status: Auto update not done		
Reason(s): Community Waivers Program Start Date Verification Code is in an invalid format.		

Figure 2 Functional Screen Information Access Eligibility Results Page

- For all other target groups, the Developmental Disability field should indicate “N-No.”
- For ongoing participants, the FSIA (LOC) auto-update process should update this field. If the field cannot be automatically updated, the FSIA screen will be sent manually for the IM worker to update.
- For children, the Developmentally Disability field will be updated manually by the IM worker.

Community Waivers Budget Page

Community Waivers Budget		Cancel	Reset
Assistance Group Overview			
Assistance Group:	MCWW - COMMUNITY WAIVERS COP	Sequence:	1
Benefit Begin Date:	09/01/2015	Benefit End Date:	
Determination Date:	08/03/2015		
Results			
Assistance Group Status:	O - OPEN	Eligibility Status:	PASS
Group Indicator:	B Plus	Community Waivers Eligibility Test:	PASS
Individuals			
Community Waivers Name:	BRIGARE, SCHWABE, BRUNN	Community Spouse:	BRUNN, FR, SCHWABE, BRUNN WIF (OTX)
Community Waivers Eligibility Determination - Group B			
Gross Earned Income:	\$	—	
Gross Unearned Income:	+	3,497.83	
Excess Self Employment Expenses:	-	—	
Student Disregard:	-	—	
Gross Income:	\$	3,497.83	
Categorically Needy income Limit:	\$	2,199.00	
Community Waivers Eligibility Determination - Group B Plus			
Gross Income:	\$	3,497.83	
Cost of Institutional Care:	-	7,693.90	
Net Income:	\$	—	
Medically Needy Income Limit:	\$	591.67	
Community Waivers Cost Share Budget			
Gross Income:	\$	3,497.83	
COLA/DAC/WW Disregard:	+	—	
Accumulated Gross Income:	\$	3,497.83	
\$65 & 1/2 Disregard:	-	—	
Community Spouse Income Allocation:	-	1,979.00	
		Maximum Income Allocated to Community Spouse:	\$ 2,655.00
		Community Spouse Gross Income:	— 676.00
		Income Allocated to Community Spouse:	\$ 1,979.00
Special Exempt Income:	-	—	
Basic Needs Allowance:	-	913.00	
Special Housing Amount:	-	292.00	
Community Dependent Income Allowance:	-	—	
Health Insurance Premium:	-	564.00	
Medical/Remedial Expenses:	-	—	
Cost Share:	\$	—	

Figure 3 Community Waivers Budget Page

The Community Waivers Budget page will display information dynamically based on the group indicator and whether or not there is a community spouse.

ATTACHMENT

Attached to this memo is the one-time informational letter mailed the week of May 22, 2015, regarding Group B Plus HCBW enhancements and policy changes, which were effective July 1, 2015.

CONTACTS

BEPS CARES Information and Problem Resolution Center

*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – SeniorCare, CTS – Caretaker Supplement, FSET – FoodShare Employment and Training.

DHS/DHCAA/BEPS/LE